

Tucson Village Farm

TUCSON VILLAGE FARM SUMMER CAMP REGISTRATION INFORMATION

Date Received _____

Amount _____

Check Number _____

PLEASE SELECT WEEK

JUNE 1 - 5, 2015 _ _

JUNE 8 - 12, 2015 _____

Cost: \$250.00 each

Scholarships available, please inquire

Name: _____ Phone: _____ Cell: _____

Address: _____ City: _____ Zip: _____

Age: _____ Birthdate: _____ E-mail: _____

Male _____ Female _____

Ethnicity: Caucasian _____ Hispanic/Latino _____ African American _____ Asian _____
Native Hawaiian/Pacific Islander _____

Mother's Name: _____ Work/Cell Phone: _____

Father's Name: _____ Work/Cell Phone: _____

Emergency Contact Name: _____ Emergency Number: _____

Family Doctor Name: _____ Phone: _____

I prefer to receive summer camp confirmation via e-mail _____ regular mail _____

Full payment must accompany registration form
to reserve your child's place at camp.



Checks payable to:



Pima County Cooperative Extension



ARIZONA 4-H YOUTH DEVELOPMENT
PARENTAL/GUARDIAN CONSENT & RELEASE OF MEDICAL INFORMATION

Participants Name: _____

Birth Date: _____ E-mail: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Do you have a disability for which you seek an accommodation? If so, please list your needs:

Emergency Medical Information:

For treatment purposes:

Name of Physician / Licensed Medical Practitioner Phone Number

Insurance Company Policy Number

List Prescribed Medication

List approved "Non-Prescription" Medications your child may be given (aspirin, ibuprofen, cold remedies, etc)

List activities prohibited due to medical conditions

List allergies (food, drug, plant, insect, etc.)

Immunization dates (Month/Year): Tetanus: _____ Measles: _____ Mumps: _____

Emergency Contact:

Name Address Phone Number

Participant Consent (Adult Only)

I, _____ intend to participate in _____ date(s) _____.
In the event of an emergency, I authorize the 4-H Youth Development Representative to arrange for necessary and appropriate medical treatment which may be required during this time. I understand this authorization may also extend to travel time, to and from the event.

Participant Signature : _____ Date: _____

Parental / Guardian Consent (Youth under 18 years old only)

I give permission for (participant's name) _____ to participate in _____
date(s) _____. I understand that it may also include travel time, to and from this event, while in custody of the 4-H Youth Development representative. In the event of an emergency, I authorize the 4-H Youth Development Representative / chaperone to arrange for necessary and appropriate medical treatment which may be required during our absence.

Parent/Guardian Signature : _____ Date: _____

Issued in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture, Jeffrey C. Silvertooth, Associate Dean & Director, Economic Development & Extension, College of Agriculture and Life Sciences, The University of Arizona.

The University of Arizona is an equal opportunity, affirmative action institution. The University does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, veteran status, or sexual orientation in its programs and activities.



Arizona 4-H Youth Development Youth CODE OF CONDUCT

The University of Arizona Cooperative Extension’s 4-H program is committed to providing a safe, fun, and healthy learning environment for youth and adults involved in activities and events sponsored by Arizona 4-H. The personal behavior of each participant is important to the success of all Arizona 4-H events. Each participant must accept their responsibility to represent themselves, their club, their county, Arizona 4-H, and the University of Arizona Cooperative Extension with dignity and pride. Individual behavior shall reflect a healthy respect for self and others in use of language and action. Group behavior shall include safe and appropriate use of public space in a manner respectful of all individuals, including participants and sponsoring organizations or entities. **Participation in 4-H activities is a privilege, not a right. Participation may be terminated at the discretion of authorized 4-H officials pursuant to rules and regulations established by 4-H.**

All youth participants agree to:

1. Work cooperatively with other 4-H participants, youth, volunteer leaders, families, Cooperative Extension faculty and staff, and others in a courteous, respectful manner.
2. Obey the local laws as well as the laws of the state and federal government.
3. The use of any tobacco, alcohol, and illegal drugs/substances at all 4-H events is prohibited.
4. Use of firearms is prohibited, except when part of an approved shooting sports educational program.
5. Present yourself as an appropriate model in dress, manners, conduct, appearance, and actions during all 4-H events.
6. Use, respect and care for all property used. Charges will be assessed for any misuse or damage.
7. Attend planned events as may be required.
8. Know and follow established rules and expected behaviors for all programs and activities in which I participate.
9. Use appropriate language at all times. Abusive or profane language is prohibited.
10. Never resort to the use or threat of physical or emotional violence.
11. Represent the Arizona 4-H Youth Development program with pride and dignity.

YOUTH PARTICIPANT AGREEMENT: Print Name _____
I have read the Arizona 4-H Youth Development CODE OF CONDUCT and agree to abide by these expectations.

Participant’s Signature _____ Date: _____

PARENT/GUARDIAN’S AGREEMENT:
I have read the Arizona 4-H Youth Development CODE OF CONDUCT and will support those in charge as they perform their responsibilities to see that appropriate behavior is maintained.

Parent/Guardian’s Signature _____ Date: _____



**UNDER 18 MULTIMEDIA RELEASE FORM
(includes photo release)**

I grant permission to The Arizona Board of Regents, on behalf of The University of Arizona and its agents or employees, to tape, video and/or photograph me and record my voice and conversation including quotes, paraphrases, sounds, and any performance or participation in the event or project on the date and location listed below. I also understand and agree that there will be no residual or any other type of payment, royalty or fee due in connection with such tapes, videos, podcasts, photographs and recordings. For purposes of clarity, I expressly waive any and all moral rights I may have in connection with my appearance.

I agree that The Arizona Board of Regents shall be the exclusive owner of all copyright and other rights in and to such taping, videos, photography and recording and will be able to use them forever and throughout the universe, and to license others to use them, in any manner and in any and all media now known or hereafter discovered or developed along with any incidental uses in connection with the merchandising and promotion of The University of Arizona and its departments, and related products.

I further agree that The Arizona Board of Regents may license others to use the tapes, videos, podcasts, photographs and recordings or any excerpts thereof, including my name, image, voice, likeness and any related or derivative versions of this content (including translation, foreign rights, serialization, syndication, photocopying, abridgement, adaptation, reprint, dramatization, and electronic recording and reproduction of any sort) in all media throughout the universe for any purpose.

I hereby agree to release, defend, and hold harmless the Arizona Board of Regents, on behalf of The University of Arizona and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to libel, false light, invasion of privacy, rights of publicity, any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

Event or Project Name **Date**

Location

E-mail

Telephone Number

Youth Name (please print)

Youth Signature

Parent Name (please print)

Parent Signature

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